

Program Evaluation – Measuring Impact and Continuously Improving Implementation for Success

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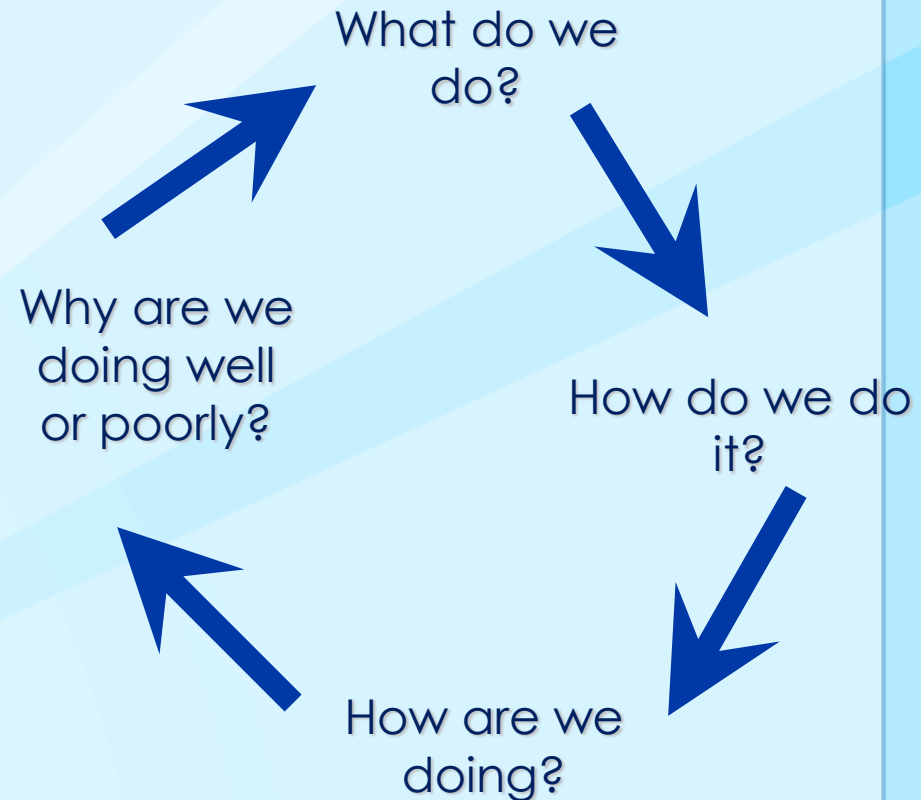
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Evaluation Purpose: Approaches and Payoffs

Integrating Processes to Achieve Continuous Quality Improvement

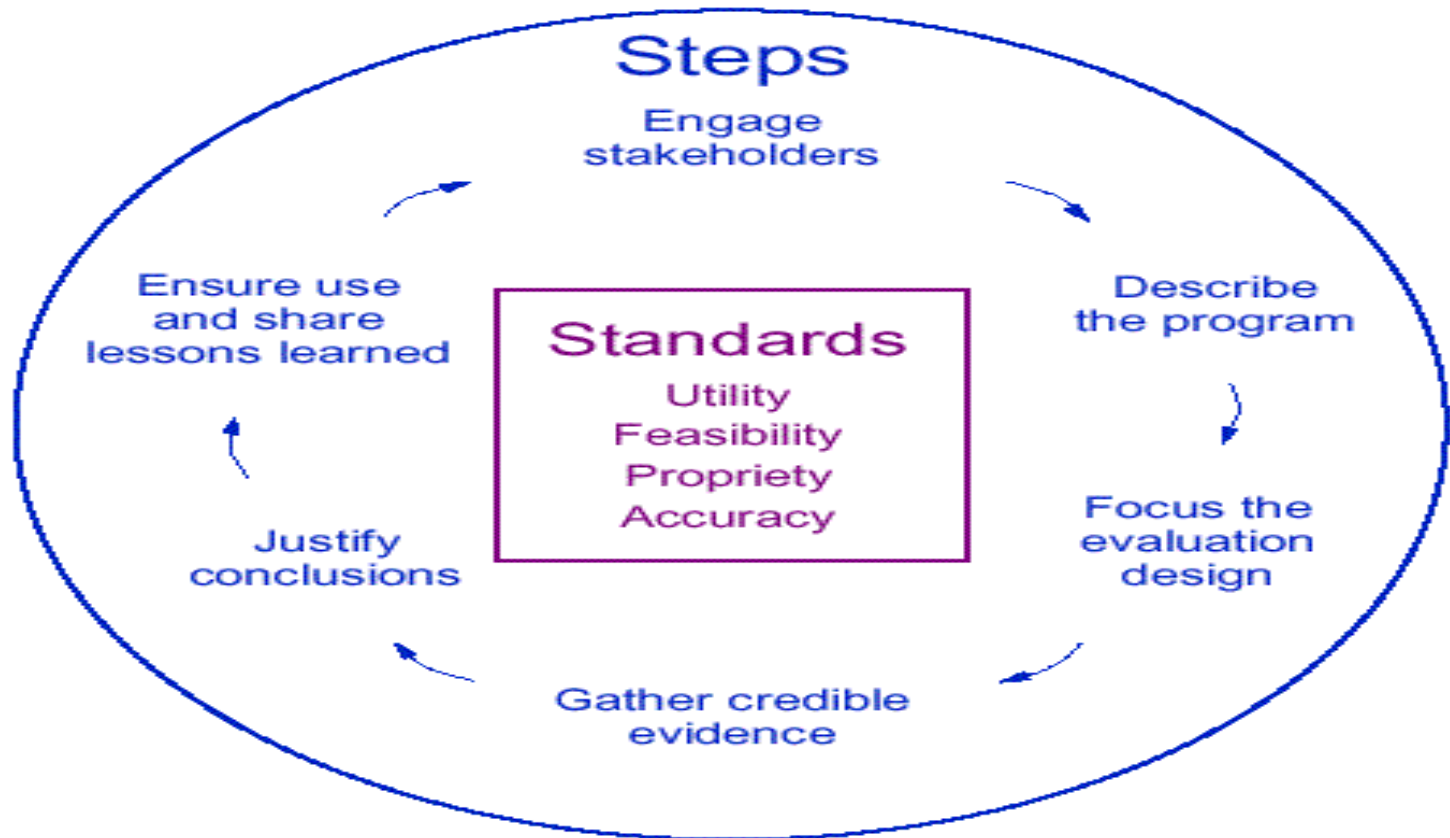
- Continuous Quality Improvement (CQI) cycle.

- **Planning**—*What* actions will best reach our goals and objectives.
- **Performance measurement**— How are we doing?
- **Evaluation**—*Why* are we doing well or poorly?



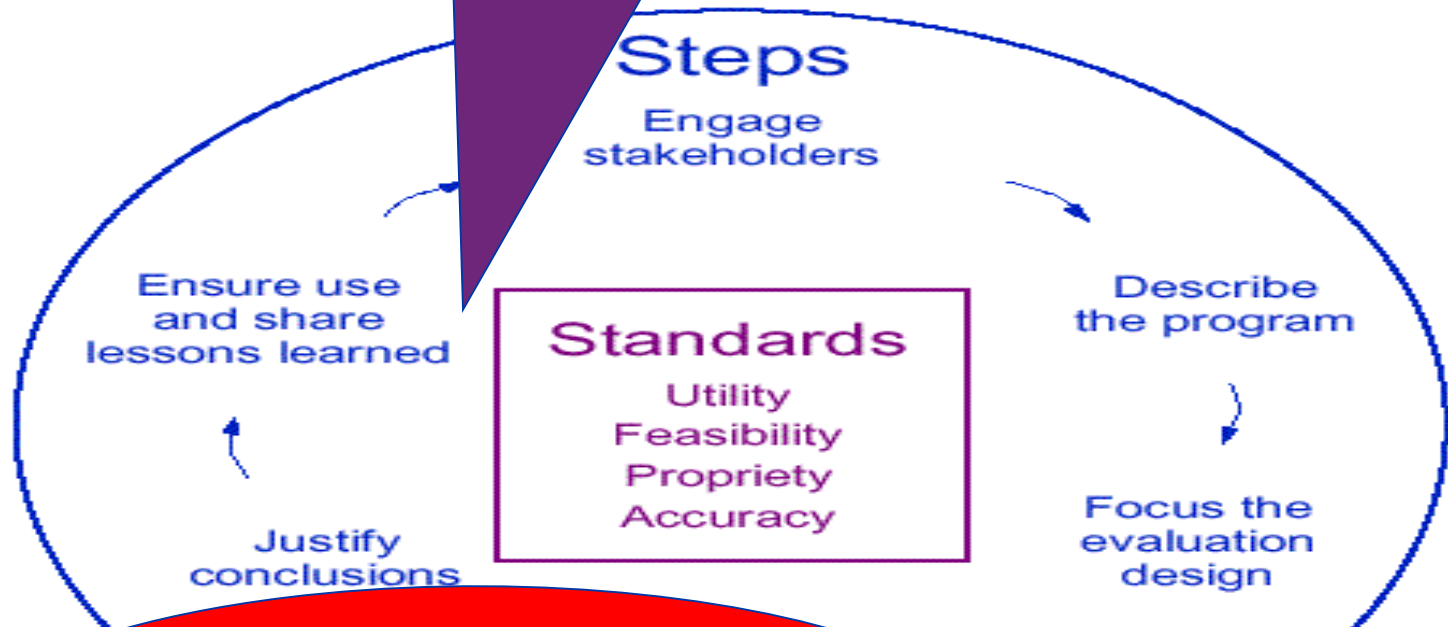
Enter the CDC Evaluation Framework

FIGURE 1. Recommended framework for program evaluation



**Good M&E= use
of findings**

FIGURE 1. Recommended steps for program evaluation



**Focus is situation
-specific**

Early Steps Are Key!

1. **Engage stakeholders**: Decide who needs to be part of the design and implementation of the evaluation for it to make a difference.
2. **Describe the program**: Draw a “soup to nuts” picture of the program—activities and all intended outcomes.
3. **Focus the evaluation**: Decide purpose/user/use and associated questions

Early Steps Are Iterative

1. Can start with any one of them
2. Need to complete all 3 before moving on to data collection
3. Insights at any of the 3 may cause you to cycle back to revisit the other 2

Enter the CDC Evaluation

FIGURE 1. Recommended framework for program evaluation



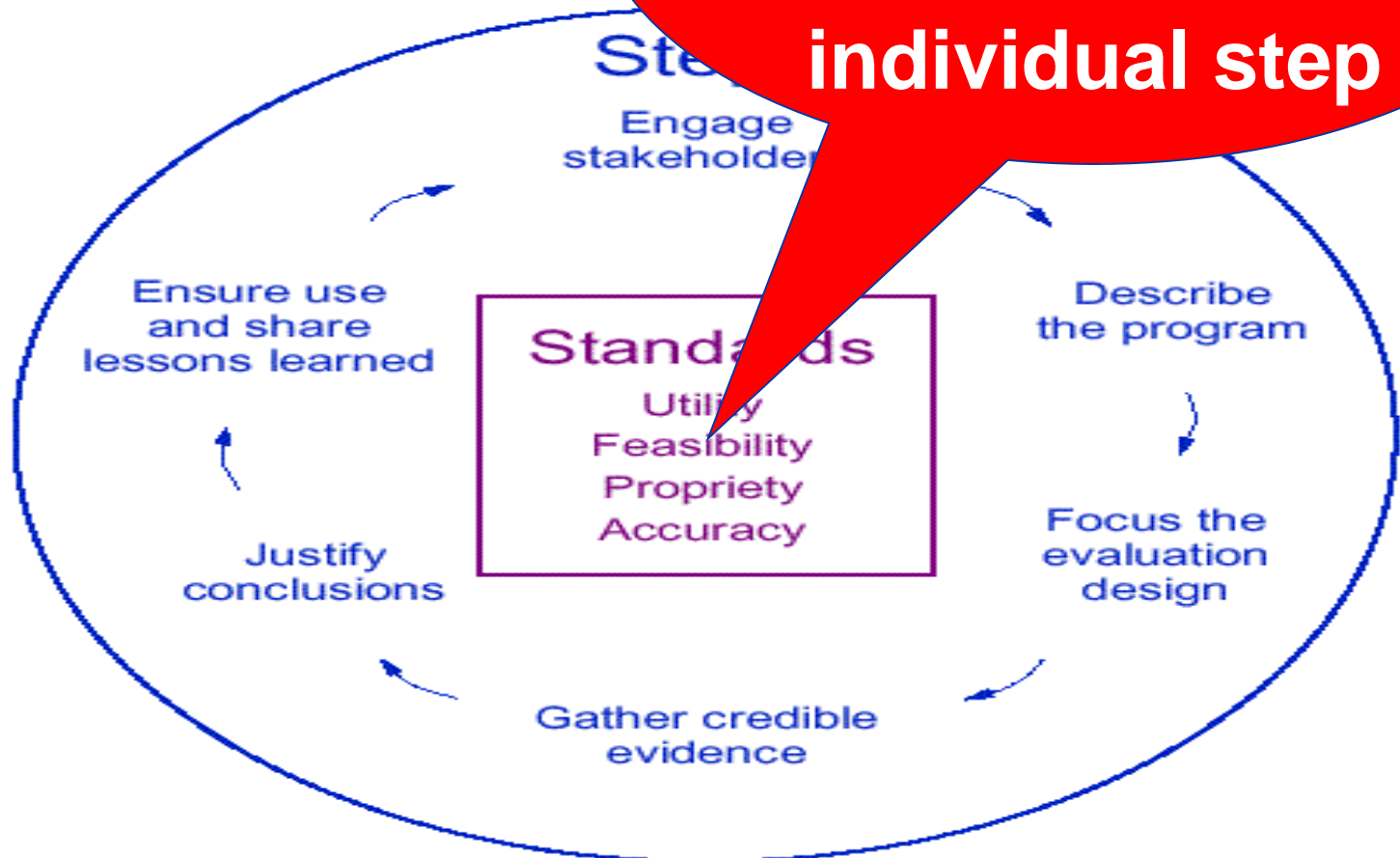
Downstream Payoffs

Seeds of Steps 1-3 harvested later:

4. NOT “Collect data” but “*Gather credible evidence*”. *Why?*
5. NOT “Analyze data” but “*justify conclusions*”. *Why?*
6. NOT “Report findings” but “*Use lessons learned*”. *Why?*

Framework for Program Evaluation

FIGURE 1. Recommended framework



**Standards
inform good
choices at *EACH*
individual step**

But..The Reality:

- Tend to do the early steps in isolation
- Insights don't feed and guide each other
- Focus step has emphasized focusing "design" and not larger questions
- Standards are applied as 30 individual things as opposed to general concepts or principals—"useful","feasible","ethical","accurate"

Credit: Tom Chapel, MA, MBA

Logic Models, Evaluation Plans, and SMART Objectives

- Approach that gives more prominence and primary to purpose
- (Re)capturing intent of steps and standards—evaluations that will make a difference
- BY...illustrating how the “scent” of purpose works its way throughout the evaluation

- Logic Models -
<http://www.cdc.gov/eval/guide/step2/index.htm>
- Evaluation Plan Template -
<http://www.cdc.gov/eval/resources/index.htm>

Benefits of Writing SMART Objectives

They...

- ❑ **Provide a structured approach to developing and designing a workplan.**
- ❑ **Provide a means to systematically monitor the success of program implementation and achievement of program outcomes.**
- ❑ **Facilitate identification of program improvements that need to be made as you review how well goals and objectives have been met to date.**

SMART Template

Key Component	Objective
S pecific	What is the specific task?
M easurable	What are the standards or parameters?
A ttainable	Is the task feasible?
R easonable	Are sufficient resources available?
T ime-Bound	What are the start and end dates?

Which came first...?

❑ **Goal vs. Objective**

- **Goal:** broad statement of what you want to achieve
- **Objective:** specific statements about the impact you hope to achieve (SMART Objectives)

❑ **Strategy vs. Activity**

- **Strategy:** A strategy is the means or broad approach by which a program will achieve its goals and objectives
- **Activity:** The who, what, when, where, and how of implementing a strategy

Objectives should be SMART and linked to the goal statement. Strategies should be linked to the objective. Activities should be linked to strategies.

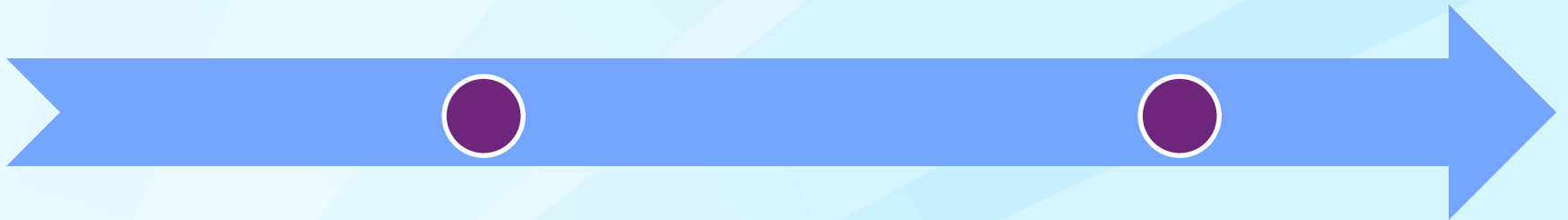
Example: Narrative form

- ❑ **Focus area:**
 - Alcohol-related motor vehicle crashes
- ❑ **Goal:**
 - Reduce / prevent alcohol-related motor vehicle crashes
- ❑ **Objectives:**
 - **Proximal:** Decrease the **rate of alcohol-impaired driving** in the six intervention counties by 5% over the 5 years of funding.
 - **Distal:** Decrease the **rate of alcohol-related motor vehicle crash fatalities** in the six intervention counties by 5% by project end.
- ❑ **Strategy:**
 - Safe Ride Program
- ❑ **Activities:**
 - Volunteer driver recruitment, driver training, information material dissemination to bars and clubs, etc.

What is the **IMPACT**?

Proximal

- Evidence-informed



Distal

- Burden of Injury & Violence

What are the components in a sentence that make it a SMART Objective?

Increase/Decrease the count/rate/percent of <sub population> <measure> in <geographical region> to/by <goal count/rate/ percent> by <year end goal is achieved >.

EXAMPLE:

Health Impact Measure:

- **Proximal:** 10% increase in booster seat usage in the state among children under age 8 and below 4 feet 9 inches tall.
- **Distal:** 5% decrease in the rate of injuries and death in the state among child passengers under age 8 and below 4 feet 9 inches tall.

S.M.A.R.T. Objective:

- **Proximal:** Increase the percentage of children riding in age- and size-appropriate seats until at least age 8 and 4 feet 9 inches tall by 10% in the state by 2016.
- **Distal:** Decrease the rate of injuries and deaths among child passengers under age 8 and below 4 feet 9 inches tall by 5% in the state by 2016.

What are the components in a sentence that make it a SMART Objective?

Not-so-SMART objective: Increase booster seat usage by 10%

Key Component	Objective
Specific - What is the specific task?	Increase Booster seat usage
Measurable - What are the standards or parameters?	age 8 or 4 feet, 9 inches Booster seats must be age/size appropriate
Achievable - Is the task feasible?	Yes – when connected to strategies that give parents and caregivers information and support
Realistic - Are sufficient resources available?	With mini-grants to community organizations and fire house programs
Time-Bound - What are the start and end dates?	2011-2016

SMART objective: Increase the percent of children riding in age- and size-appropriate seats until at least age 8 and 4 feet 9 inches tall by 10% in the state by 2016.

Question: What makes a good verses a weak SMART Objective?

- ❑ **Four key components:**

- Focus area
- Strategy
- Reach
- Impact

- ❑ **S.M.A.R.T. format**

Question: What makes a good verses a weak SMART Objective? (continued)

	Diagnostic Questions
S	WHY is this important for me to do? WHO is going to do what? Who else need to be involved? WHEN do I want this to be completed? HOW am I going to do this?
M	Can it be measured?
A	Can we get it done in the proposed timeframe? Do I understand the limitations and constraints? Can we do this with the resources we have? Has anyone else done this successfully? Is this possible?
R	Does your organization have the resources available to achieve this objective? Does your organization need to revisit organizational priorities to make this happen? Is it possible to achieve this objective?
T	When will this objective be accomplished? Is there a stated deadline?

Question: How can I project an end-point when dealing with old baseline or lag baseline data?

- ❑ Look at data from a comparable state/county, etc.
 - Similar focus area, strategies, geographic and demographic context
 - Not an exact estimation, but will give a reasonable estimate
- ❑ Look at historical trend data
 - Specific to geographic area
- ❑ Anticipate a delay between start of implementation and when data becomes available – usually 3-5 years
 - Calculate with this lag in mind

Let's Practice

Maintain baseline age adjusted hospitalization rate for fall-related injuries in < county>.

- ☐ Is there anything missing?
- ☐ What could make this a stronger SMART?

Increase the number of older adults (65+) that complete the A Matter of Balance program in Rhode Island from 10 in 2011 to 600 in 2015 (cumulative).

- ☐ Is there anything missing?
- ☐ What could make this a stronger SMART?

Let's Practice

Maintain the rate of deaths due to falls among older adults in <state> at 75 per 100,000 in 2010 to the same in 2016.

- ☐ Is there anything missing?
- ☐ What could make this a stronger SMART?

Two questions were included in the 2012 <state> BRFSS with plans to include in 2014 and 2016 to coincide with the two fall incidence questions required by the CDC. It is our goal to analyze the results from these questions to see if there has been a behavior change in <state> over the course of the grant. The baseline data will be from the 2012 BRFSS and the goal increase will be based on the 2012 results.

- ☐ Is there anything missing?
- ☐ What could make this a stronger SMART?

SMART Resources

- ❑ **DASH eTA Evaluation Brief:**
<http://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf>
- ❑ **DASH Tutorials:**
<http://www.cdc.gov/healthyyouth/tutorials/writinggoal/page001.htm>
- ❑ **Community Toolbox:** <http://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/create-objectives/main>
- ❑ **Communities for Public Health:**
http://www.cdc.gov/phcommunities/resourcekit/evaluate/smart_objectives.html

Other Resources

- ❑ CDC's Framework for Program Evaluation:
 - <http://www.cdc.gov/eval/framework/index.htm>
- ❑ The Community Tool Box:
 - <http://ctb.ku.edu/en/databases-best-practices>
- ❑ The Community Guide:
 - <http://www.thecommunityguide.org>
- ❑ The Cochrane Collaboration:
 - <http://www.cochrane.org/>
- ❑ CDC Office for State, Tribal, Local, and Territorial Support Resource Kit:
 - <http://www.cdc.gov/phcommunities/resourcekit/evaluate/index.html>
- ❑ Brownson, R.C., Fielding, J.E., & Maylahn, C.M. (2009). Evidence-based public health: A fundamental concept for public health practice, *Annual Review of Public Health*, 30: 175-201.
 - <http://www.annualreviews.org>
- ❑ CDC/DHDSP. (2011). *Program Evaluation Tip Sheet: Reach and Impact*. Retrieved July 21, 2014, from http://www.cdc.gov/dhdsp/programs/spha/docs/Reach_Impact_Tip_Sheet.pdf

Time for Your Questions



Thanks for your attention today!
For questions, contact Sally Thigpen
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.